Insurance Statement of Claim

Policyholder Details

Name:

_____

Policy Number:

_____

Address:

_____

Contact Number:

_____

Claim Details

Date of Loss/Incident:

_____

Type of Loss/Incident:

_____

Location of Loss/Incident:

_____

Description of Incident:

Estimated Amount of Loss (if applicable):

_____

Bank Details (for Claim Payment)

Account Name:

_____

Account Number:

_____

Bank Name:

_____

IFSC/Branch Code:

_____

Declaration

I declare that the information provided above is true and complete to the best of my knowledge.

Signature:

_____

Date:

_____